

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016685

318

1003

4258

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 1 1962

|   |                    |   |                            |
|---|--------------------|---|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY - - -  |                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY - - -   |                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis, Missouri  |                    | c. CITY OR TOWN St. Louis   |                            |
| Length of stay in lb lifetime   |                    | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hospital  |                    | d. STREET ADDRESS (If outside, give location)<br>1014 Locust  |                            |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                    | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                            |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Margaret J. Conely  |                    | 4. DATE OF DEATH<br>Month Day Year<br>April 23, 1962  |                            |
| 5. SEX F  | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH 6-19-1889 |
| 9. AGE (last birthday) 72   |                    | 10. BIRTHPLACE (City and state or country) St. Louis, Missouri  |                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Bookkeeper (Ret.)  |                    | 12. CITIZEN OF WHAT COUNTRY U.S.A.  |                            |
| 13a. FATHER'S NAME<br>Michael Angelo Conely   |                    | 13b. MOTHER'S MAIDEN NAME<br>Margaret Noon  |                            |
| 14. NAME OF HUSBAND OR WIFE<br>Never Married  |                    | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |                            |
| 16. SOCIAL SECURITY NO.   |                    | 17. INFORMANT<br>Address<br>Miss Mary J. Costello 6412 Jamieson   |                            |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>BRAIN LOWER NEPHRON NEPHROSIS</u><br>DUE TO (b) <u>ACUTE SEPSIS</u><br>DUE TO (c) <u>GAMMA HEMOLYTIC STREPTOCOCCAL BACTEREMIA</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>BRONCHOPNEUMONIA, AUTOIMMUNE HEMOLYTIC ANEMIA</u> 053.0 |                    | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                    | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |                            |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                    | 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |                            |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                            |
| 20f. CITY, TOWN, OR LOCATION  |                    | COUNTY STATE  |                            |
| 21. I attended the deceased from 7-16-58 to 4-23-62 and last saw him alive on 4-22-62<br>Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |                    |   |                            |
| 22a. SIGNATURE<br>(Degree or title)<br>Joseph J. O'Donnell M.D.   |                    | 22b. ADDRESS<br>539 N. Grand - St. Louis 3, Mo.   |                            |
| 22c. DATE SIGNED<br>4/24/62   |                    | 22d. DATE SIGNED  |                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                    | 23b. DATE<br>4-26-62  |                            |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |                    | 23d. LOCATION (City, town, or county)<br>St. Louis, Missouri  |                            |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br>HOFFMEISTER COLONIAL MORTUARY  |                    | 25. DATE RECD. BY LOCAL REG.<br>APR 25 1962   |                            |
| 26. REGISTRAR'S SIGNATURE<br>H. Smith, M.D.   |                    |   |                            |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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Dr. Joseph V. O'Donnell  
539 N. Grand  
JE. 5-6930

106 1330 465

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Bill C. Dranson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.